

M21000000410

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000013095 3)))



H210000130953ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : 120160000017
Phone : (855) 498-5500
Fax Number : (800) 432-3622

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

Foreign Limited Liability Company KINDER MORGAN OPERATING LLC "C"

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

*****PLEASE FILE SECOND,
AFTER THE WITHDRAWAL
OF KINDER MORGAN
OPERATING L.P. "C"**

JAN 12 2021

M. SOLOMON

RECEIVED

2021 JAN 11 PM 2:40

2021 JAN 11 AM 8:41

FILED

DocuSign Envelope ID: E240D48C-0A72-42F1-A465-1B8C5E0C02A9

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. KINDER MORGAN OPERATING LLC "C"

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. DELAWARE

(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(File number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1001 LOUISIANA STREET, STE 1000 HOUSTON, TX 77002
(Street Address of Principal Office)

6. 1001 LOUISIANA STREET, STE 1000 HOUSTON, TX 77002
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Capitol Corporate Services, Inc.

Office Address: 515 East Park Avenue 2nd Fl

Tallahassee, Florida 32301
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Delanie Case

(Registered agent's signature)

Delanie Case, Asst. Secretary on behalf
of Capitol Corporate Services, Inc.

FILED
2021 JAN 11 AM 8:41
TALLAHASSEE, FLORIDA
CLERK OF CIRCUIT COURT

DocuSign Envelope ID: E240D48C-0A72-42F1-A465-1B8C5E0C02A8

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>KINDER MORGAN ENERGY PARTNERS, L.P.</u>	<input type="checkbox"/> Manager	Name: <u>ADAM S. FORMAN</u>
<input checked="" type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>1001 LOUISIANA STREET, STE 1000 HOUSTON, TX 77002</u>	<input checked="" type="checkbox"/> Authorized	<u>1001 LOUISIANA STREET, STE 1000 HOUSTON, TX 77002</u>
Person _____		Person _____	
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>ERIC MCCORD</u>	 <input type="checkbox"/> Manager	Name: <u>JORDAN MINTZ</u>
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u>1001 LOUISIANA STREET, STE 1000 HOUSTON, TX 77002</u>	<input checked="" type="checkbox"/> Authorized	<u>1001 LOUISIANA STREET, STE 1000 HOUSTON, TX 77002</u>
Person _____		Person _____	
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>ANTHONY ASHLEY</u>	 <input type="checkbox"/> Manager	Name: <u>COREY STAAB</u>
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u>1001 LOUISIANA STREET, STE 1000 HOUSTON, TX 77002</u>	<input checked="" type="checkbox"/> Authorized	<u>1001 LOUISIANA STREET, STE 1000 HOUSTON, TX 77002</u>
Person _____		Person _____	
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

2021 JAN 11 AM 8:41

FILED

DEPARTMENT OF STATE
CLERK OF THE COURT

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Declassified by:
R. E. McGee

060780C10550403...

Signature of an authorized person

ERIC MCCORD

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KINDER MORGAN OPERATING LLC "C"" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF JANUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KINDER MORGAN OPERATING LLC "C"" WAS FORMED ON THE TWENTY-SIXTH DAY OF AUGUST, A.D. 1997.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



2789156 8300

SR# 20210005303

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202204312

Date: 01-04-21